

BOROUGH OF ALLENDALE Zoning Office 500 W. Crescent Ave Allendale, NJ 07401 201-818-4400 x201 FAX: 201-825-1913

ZONING CERTIFICATE APPLICATION FOR NON-RESIDENTIAL USE

STREET ADDRESS OF PROPERT	Y	ZONE	BLOCK	LOT
NAME OF OCCUPANT	AREA OF BLDG SQ	FT AREA OF OCC	UPANT SQ FT	SECTION OF BLDG
SOLE PURPOSE OF OCCUPANCY	7 :			
PREVIOUS TENANT, IF APPLICA	BLE:			
NAME OF APPLICANT/IF A CORI	PORATION, NAME AND AI	DDRESS OF INDIVI	DUAL MAKING A	PPLICATION
APPLICANT'S ADDRESS:				
APPLICANT'S PHONE:	SIG	NATURE:		
NAME OF OWNER OF BUILDING	ING ADDRESS OF OWNER			
CERTIFICATION THAT ALL CONDIT	TONS OF SITE PLAN AND BU	ILDING PERMIT HAV	/E BEEN MET	ROPERTY OWNER SIGNATURE)
LIST ALL OTHER OCCUPANTS OF BUILDING NAME:		TYPE OF BUSINE		
PLANNED USE INCLUDING P	RODUCTS OR SERVICES	S SOLD OR MANU	JFACTURED:	
Incoming Shipments Number weekly Outgoing shipments: Number weekly	Type Conveyance	Products	Commen	its
NUMBER OF PEOPLE: Start WILL YOU DEAL WITH GENE HOURS OF OPERATION: From GALS. WATER USED EX ANY FLAMMABLES OR EXPLOS PROPOSED PERIOD OF OCCUPA COMMENTS:	RAL PUBLIC? YES NO To NU XTENT OF NOISE IVES USED OR STORED: N	MBER OF DAYS (FUMES OR ODOR O YES, EXPLAIN To:	OPEN WEEKLY: OTHER NU	JISANCES

NOTE: A SIGN PERMIT IS REQUIRED FOR ANY NEW SIGNS OR SIGN CHANGES--FLAGS AND BANNERS ALSO REQUIRE PERMITS. (Neon signs are prohibited)

*If application is for an industrial or "I" Zone - an original plus 11 copies must be submitted and an appearance before the Planning Board is required .** EACH OCCUPANT MUST HAVE HIS OWN CERTIFICATE OF OCCUPANCY: IF YOU VACATE, SUCCESSOR WILL REQUIRE A NEW CERTIFICATE.